

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200355

Report Date: 01/26/2026

Date Signed: 01/26/2026 04:54:30 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE SAN RAMON	FACILITY NUMBER:	079200355
ADMINISTRATOR/FEASTER, NIARE DAWN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	18888 BOLLINGER CANYON RD	TELEPHONE:	(925) 831-3964
CITY:	SAN RAMON	STATE: CA	ZIP CODE: 94583
CAPACITY:	110	CENSUS: 70	DATE: 01/26/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 09:30 AM
MET WITH:	Executive Director, Lola Bullock	TIME VISIT/ INSPECTION	COMPLETED: 05:20 PM

NARRATIVE

1 On 1/26/2026 at 9:30 AM, Licensing Program Analyst (LPA) A. Gomez arrived unannounced to conduct
2 1-Year Annual Required inspection. LPA met with Executive Director (ED), Lola Bullock and explained
3 the purpose of the visit. The facility's fire clearance was approved for 82 non-ambulatory and 28
4 ambulatory on the third floor.
5
6 LPA toured the facility with ED including but not limited to 7 residents apartments, bathrooms, multiple
7 activity rooms, kitchen, common area and courtyard. There are no bodies of water observed. LPA
8 observe lighting in all rooms are adequate for the comfort and safety of the residents. Hallway
9 temperature was maintained at 68 degrees F. LPA observed lighting in all rooms are adequate for the
10 comfort and safety of the residents. The hot water temperature in a sample of residents' shared
11 bathroom were measured at 104.8, 107.6, and 108 degrees Fahrenheit. Residents' bathrooms are
12 equipped with grab bars and non-skid mats. Refrigerator temperature: 39 Freezer temperature:0 There
13 is a minimum of one week supply of nonperishable and 2-day of perishable foods. Centrally stored
14 medications are locked and inaccessible to residents in care.
15
16 Emergency disaster plan last reviewed 3/10/2025. Emergency disaster drill conducted 1/16/2026 .First
17 aid kit observed to be complete. Fire Extinguishers last serviced 3/6/2025.
18
19 At 12:40pm, LPA reviewed 5 residents records. At 1:00pm, LPA reviewed 5 staff records and 1 of 5 have
20 current first aid training and 5 of 5 are associated to the facility. LPA reviewed a sample of resident's
21 medications.
22
23 Report Continues on LIC809-C
24
25

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/26/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/26/2026**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: BROOKDALE SAN RAMON

FACILITY NUMBER: 079200355

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	
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Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above in having 2 pairs of unlocked scissors in a common area unattended and stainless steel cleaner in residents available laundry rooms which poses an immediate safety risk to persons in care.
2	
3	
4	
	POC Due Date: 01/26/2026
	Plan of Correction
1	Items removed POC clear
2	
3	
4	

		Section Cited			
--	--	---------------	--	--	--

	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Yvonne Flores-Larios
MANAGER:	Alona Gomez

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/26/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/26/2026

LIC809 (FAS) - (06/04)

Page: 3 of 7

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: BROOKDALE SAN RAMON

FACILITY NUMBER: 079200355

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87411(c)(1)	
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Personnel Requirements - General

(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 4 out of 5 staff records review not having valid first aid which poses a potential safety and personal rights risk to persons in care.
	POC Due Date: 02/10/2026
	Plan of Correction
1 2 3 4	By POC facility agrees to have all required staff complete first aid training and update their files and notify CCLD

	Type B	Section Cited	CCR	87555(a)	
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General Food Service Requirements


(a) The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents and shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in having food improperly stored throughout the kitchen which poses a potential health and personal rights risk to persons in care.
	POC Due Date: 02/10/2026
	Plan of Correction

1 By POC Facility agrees to have all kitchen staff retake state approved food handlers/ expectation
2 training, develop an after meal kichen checklist, and notify CCLD
3
4

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST:	Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/26/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	OAKLAND ASC, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

FACILITY NAME: BROOKDALE SAN RAMON

FACILITY NUMBER: 079200355

VISIT DATE: 01/26/2026

NARRATIVE	
1	THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT:
2	
3	<ul style="list-style-type: none">• LPA observed unlocked scissors in activity space unattended and unlocked stainless steel
4	<ul style="list-style-type: none">cleaner in resident laundry rooms
5	<ul style="list-style-type: none">• LPA observed food being improperly stored in kitchen
6	<ul style="list-style-type: none">• LPA observed that 4/5 staff records reviewed did not have the required first aid training.
7	
8	
9	
10	
11	***Civil Penalty assessed \$250 for repeat violation in 12 month period***
12	
13	Updated copies of the following documents were requested for facility file and are to be
14	submitted to CCL by 2/10/2026:
15	
16	
17	
18	LIC 500 Personnel Report
19	LIC 610E Emergency Disaster Plan
20	Liability Insurance
21	Updated Facility sketch
22	Current Administrator's Certificate
23	
24	
25	The following deficiencies were observed (see LIC 809D) and cited from the California Code of
26	Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiencies by POC date
27	may result in additional Civil Penalties.
28	
29	
30	
31	Exit interview conducted. Appeal Rights and a copy of this report provided.
32	

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/26/2026

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